55

25 1929

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.
28261

1. PLACE OF DEATH
County Lawrence
Township Buck Prairie
City Marionville (No. ..... St. ..... Ward)
Registration District No. 468
Primary Registration District No. 5629
File No. .....
Registered No. 20

2. FULL NAME Levi Webster
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Cordie Webster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23 1857

7. AGE: Years 72 | Months 2 | Days 3 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Ottoman Town
(STATE OR COUNTRY) Dont Know

PARENTS
10. NAME OF FATHER John Webster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know
12. MAIDEN NAME OF MOTHER Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Dont Know

14. INFORMANT Cordie Webster
(Address) Marionville Mo

15. FILED 9-2, 1929 Mrs K Andrews
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 26 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1 1929, to Aug 26 1929, that I last saw him alive on Aug 20 1929, and that death occurred, on the date stated above, at 9 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Angina Pectoris
94
97
(duration) yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) 20 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? no. DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. L. Kerr, M. D
Aug 27 1929 (Address) Crane

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Billings Mo
DATE OF BURIAL: Aug 28 1929

20. UNDERTAKER: Bradfords Funeral Home
ADDRESS: Marionville

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2
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...in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.